

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
JUL 10 2017
 Bayfield Co. Zoning Dept.

Permit #:	17-00258
Date:	7-13-17
Amount Paid:	84 7-10-17
Refund:	84 7-10-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: **KORPI FAMILY TRUST** Mailing Address: **26990 N PRATT BAYFIELD WI 54884** Telephone: **406-934-1765**

Address of Property: **26990 N-PRATT RD** City/State/Zip: **BAYFIELD WI 54814** Call Phone: **715-209-4944**

Contractor: **NONE** Contractor Phone: **N/A** Plumber: **WI N/A** Plumber Phone: **N/A**

Authorized Agent: (Person Signing Application on behalf of Owner(s))
JP KORPI Agent Phone: **715-209-4944** Agent Mailing Address (include City/State/Zip): **26990 N-PRATT RD** Written Authorization Attached Yes No

PROJECT LOCATION: **SE 1/4, SE 1/4** Legal Description: (Use Tax Statement) **5112** Tax ID# (4-5 digits) **5112** Recorded Deed (i.e. # assigned by Register of Deeds) Document #: **2017 R 58371**

Section **05**, Township **50** N, Range **05** W Town of: **BAYFIELD** Lot Size **40** Acreage **40**

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

Value at Time of Completion *include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$28000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Storage TOWNS	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>DEAN FIELD</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> POST FRAME	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: **56** Width: **30** Height: **19-**

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
	<input type="checkbox"/> with Loft	() X ()	()
	<input type="checkbox"/> with a Porch	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck	() X ()	()
	<input type="checkbox"/> with a Deck	() X ()	()
	<input type="checkbox"/> with (2 nd) Deck with Attached Garage	() X ()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	() X ()	()
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>POST FRAME FIRE BUILDING</u>	() X () <u>56 X 30</u>	() <u>1680</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X ()	()
	<input type="checkbox"/> Rec'd for Issuance	() X ()	()
	<input type="checkbox"/> Special Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Conditional Use: (explain) _____	() X ()	()
	<input type="checkbox"/> Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JAMES KORPI Date 7-9-17
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 26990 N-PRATT RD BAYFIELD WI 54814
 (If you recently purchased the property send your Recorded Deed

City, Village, State or Federal
Permits May Also Be Required
After - the- Fact

LAND USE - X
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0258** Issued To: **Korpi Family Trust**

Location: **SE** ¼ of **SE** ¼ Section **5** Township **50** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [- Story; Pole Building (56' x 30') = 1,680 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

July 13, 2017

Date

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 JUL 10 2017

ENTERED

Permit #:	17-08162
Date:	2-14-17
Amount Paid:	150 210-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: ROBERT SCHLACK **Mailing Address:** 1023 Z Deerwood Ln. **City/State/Zip:** FRANKLIN, WI. 53132 **Telephone:** (414) 529-8775

Address of Property: 25762 Hwy 13, Bay Township **City/State/Zip:** BAYFIELD, WI. 54814 **Cell Phone:** (414) 467-8566

Contractor: LIPKA CONSTRUCTION, Inc. **Contractor Phone:** (715) 292-1192 **Plumber:** BAKEMAN P & H **Plumber Phone:** (715) 682-6050

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Stephen G. Schwabengel, Architect **Agent Phone:** (715) 209-6372 **Agent Mailing Address (include City/State/Zip):** 803 Lake Shore Dr. W. Ashland, WI **Attached Authorization:** Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) Tax ID# (4-5 digits) 04006251051 910 4000 5000 **Recorded Deed (i.e. # assigned by Register of Deeds):** Document #: _____ R: _____

SE NE 1/4, NESE 1/4 **Gov't Lot** **Lot(s)** **GSM** **Vol & Page** **Lot(s) No.** **Block(s) No.** **Subdivision:**

Section 14, Township S1 N. Range 05 W **Town of: Bayfield** **Lot Size** **Acres:** 5.81

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue → Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure is from Shoreline: 270 ft N / 216 ft E **Distance Structure is from Shoreline:** _____ feet

Is Property in Floodplain Zone? Yes No **Are Wetlands Present?** Yes No

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 8,640.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HIGH RISE TRUNK</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> GARAGE	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structures: (If permit being applied for is relevant to it) **Length:** _____ **Width:** _____ **Height:** _____

Proposed Construction: **Length:** _____ **Width:** _____ **Height:** _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	()
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	()
<input type="checkbox"/>	with Loft	() X ()	()
<input type="checkbox"/>	with a Porch	() X ()	()
<input type="checkbox"/>	with (2 nd) Porch	() X ()	()
<input type="checkbox"/>	with a Deck	() X ()	()
<input type="checkbox"/>	with (2 nd) Deck	() X ()	()
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	()
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	()
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) <u>24' x 10' G.A.R.A.G.E.</u>	() X ()	432 sq. ft.
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	()
<input type="checkbox"/>	Special Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	()
<input type="checkbox"/>	Other: (explain) _____	() X ()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I/we declare that this application, (including any accompanying information) has been examined by me (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert Schlack **Date:** 7/7/17

(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application.)

Authorized Agent: Stephen G. Schwabengel **Date:** 7/7/17

Address to send permit: 410 Cass Design & Engineering, Inc. 803 Lake Shore Dr. West Ashland, WI 54806

Attach: Copy of Tax Statement

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on Your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE THE ATTACHED DRAWINGS
SHEET A-2, PREPARED BY
C & S DESIGN & ENGINEERS, INC
DATED 7/9/17 ... REVISED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	45 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	270' N / 216' E Feet
Setback from the North Lot Line	530 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	85 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	190 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	88 Feet	Setback to Well	96 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	42 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied: (Date):		Reason for Denial:		
Permit #: <u>17-0862</u>	Permit Date: <u>7-14-17</u>	See ISS codes w/ new laws		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (used/contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATTN		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: <u>surveys marked found - property line marked</u>				
Date of inspection: <u>7-13-17</u>	Inspected by: <u>JR MURPHY</u>	Zoning District (F-1)	Lakes Classification (3 stream)	Date of Re-inspection:
Conditions (S): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached)				
BUILDING SHALL NOT BE USED FOR SLEEPING PROPOSED +/OR THINER ADAPTATION				
AS THIS AREA NOT CONTAIN INSURE PLUMBER FIXTURES w/ CONNECTION TO PRESSURIZED WATER SOURCE				
Signature of Inspector:				Date of Approval: <u>7-14-17</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

own, City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0262** Issued To: **Robert Schlack**

Par in SE NE &

Location: **NE** ¼ of **SE** ¼ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Garage (24' x 18') = 432 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for sleeping purposes and/or human habitation and shall not contain indoor plumbing fixtures with connection to pressurized water source.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE THE ATTACHED DRAWING
SHEET A-2, PREPARED BY
C8S DESIGN & ENGINEERING, INC
DATED 7/9/17... REVISED

Please complete (1) - (7) above (prior to continuing)
Changes in plans must be approved by the Planning & Zoning Dept.
(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	299 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	N/A Feet	Setback from the River, Stream, Creek	115 ft. No 13ft. Feet
Setback from the North Lot Line	310 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	299 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	168 Feet	20% Slope Area on property	X Yes <input type="checkbox"/> No
Setback from the East Lot Line	135 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	60 Feet	Setback to Well	75 Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	138 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 17-03663	Permit Date: 7-14-17	SEE ITS CODES w/perm			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record: Inspected by: 7-14-17	Inspected by: 7-14-17		Zoning District	Date of Re-Inspection: 7-11-17	
Date of Inspection: 7-14-17					
Condition(s): Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - (If No they need to be attached)					
BUILDING SHALL NOT BE USED FOR HUMAN HABITATION, INCLUDING PROVIDING FOR SLEEPING IN THE STRUCTURE, BOB SHALL BE REMOVED. BARRIER SHALL NOT BE CONNECTED TO PRESSURIZED WATER SOURCE w/o PERMITTED CONNECTION TO PUMPS					
Signature of Inspector:	Date of Approval: 7-11-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>		

own, City, Village, State or Federal
permits May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **17-0263** Issued To: **Robert Schlack**

Par in **SE NE &**

Location: **NE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Change use of yurt to non-habitable structure = 707 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation including providing for sleeping in the structure. Bed shall be removed. Building shall not be connected to pressurized water source without permitted connection to POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
 DATE RECEIVED
 JUN 22 2017
 Bayfield Co. Zoning Dept.

Permit #: 17-08204
 Date: 7-14-17
 Amount Paid: 855 60317
 Refund: 855 70517
 855 70517
 7-10-17

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Robert Schlack

Mailing Address: 1023L Deerwood Ln, Franklin, WI

City/State/Zip: Franklin, WI

Address of Property: 25762 Hwy 13, Bayfield Township

City/State/Zip: Bayfield, WI

Contractor: Lipka Construction, Inc. *Frank*

Contractor Phone: 715 685 0855 *800 192*

Plumber: Blakeman Plumbing & Heating

Plumber Phone: 715 682 6050

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, _____ 1/4

Gov't Lot: _____ **Lot(s):** _____ **CSM:** _____ **Vol & Page:** _____ **Lot(s) No.:** _____ **Block(s) No.:** _____

Section: 19, **Township:** S1, **N. Range:** 05, **W. Range:** 05

Town of: Bayfield

Lot Size: 277,420 **Acres:** 5.81

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Non-Shoreland

Distance Structure is from Shoreline: _____ feet

Distance Structure is from Shoreline: _____ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 285,000	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <i>300gal concrete holding tank</i> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> City <input type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it) Length: 44' Width: 44' Height: 23'

Proposed Construction:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Porch <input type="checkbox"/> with a Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____ <input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	(44 x 44)	2000 1,936
<input type="checkbox"/> Commercial Use			
<input type="checkbox"/> Municipal Use			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the legal and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): *Robert Schlack* Date: 6/13/17

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____

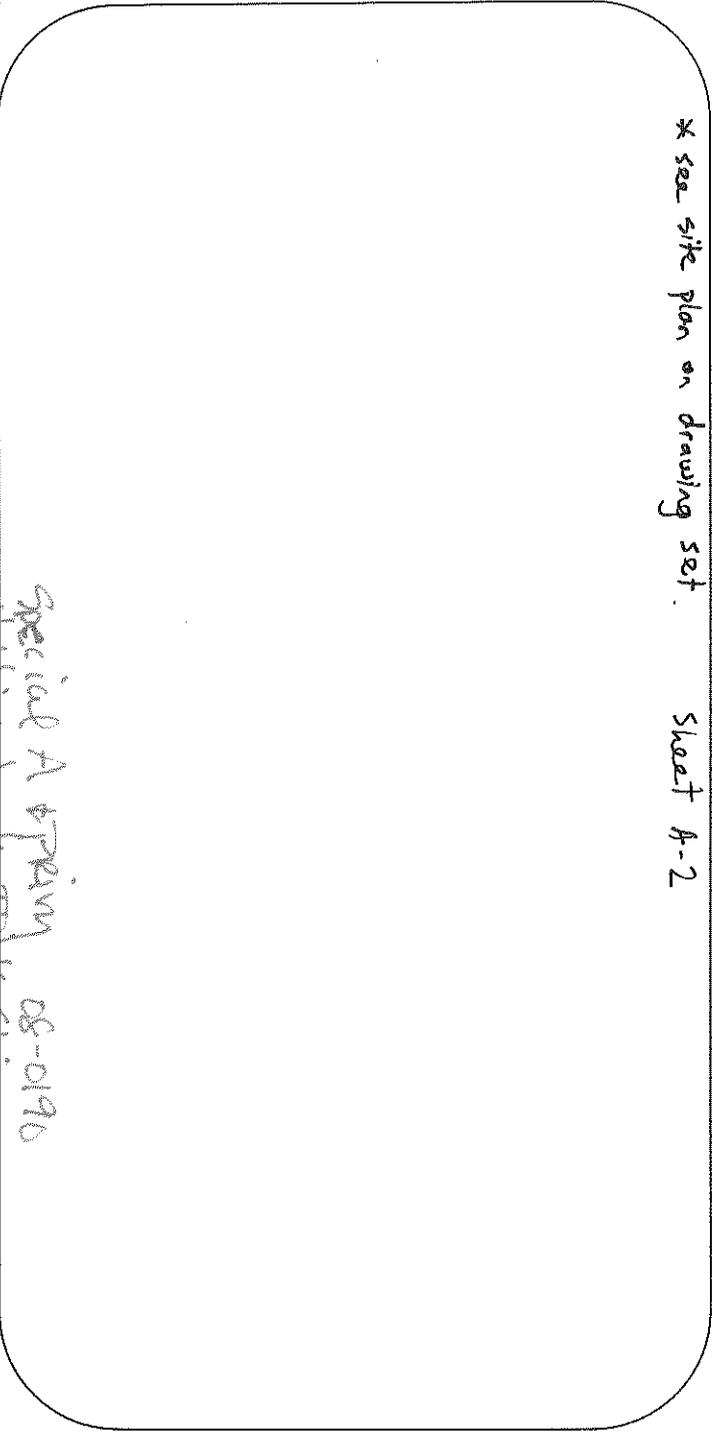
Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

* see site plan on drawing set. Sheet A-2



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	800 +- Feet	Setback from the Lake (ordinary high-water mark)	4000 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	175 +- Feet
Setback from the North Lot Line	180 +- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 +- Feet	Setback from Wetland	Feet
Setback from the West Lot Line	150 +- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	85 +- Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60 +- Feet	Setback to Well	55 +- Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11745	# of bedrooms: 2 empty	Sanitary Date: 8-8-11
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-08164	Permit Date: 7-14-17			IS cells attached
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.):	Case #:	Previously Granted by Variance (B.O.A.):	Case #:	
<input checked="" type="checkbox"/> Was Parcel Legally Created <input checked="" type="checkbox"/> Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Were Property Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Foundation poured w/o permit. Violation abated prior to issuance of this permit. Conversion of unit to non-habitable.		Zoning District: (F-1) Takes Classification:		
Date of Inspection: 7-6-17-13-19		Inspected by: Muepitz Date of Re-Inspection: stream		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
UDC permit & inspections required. Connection of Ponds to structure shall be made per code. Just on property shall not be used for sleeping purposes w/ or human habitation.				
Signature of Inspector:		Date of Approval: 7-14-17		
Hold For Sanitary: <input type="checkbox"/>	Hold For TAN: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal
Permits May Also Be Required
After – the- Fact

LAND USE – X
SANITARY – Reconnect (11-74S)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0264** Issued To: **Robert Schlack**

Par in **SE NE &**
Location: **NE** ¼ of **SE** ¼ Section **19** Township **51** N. Range **5** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [2 - Story; Residence (44' x 44') = 1,936 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit & inspections required. Connection of POWTS to structure shall be made by master plumber per code. Yurt on property shall not be used for sleeping purposes and/or human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

July 14, 2017

Date